Beatth Bepartment, Onin of Battimore.
Permit No. 99582 Office of Registrar 3 of Vital Statistics. Ward 19
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 2 100 6
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 91 Years, Months, Days
Color,
Married, Single, Widow or Widower, {Cross out the words not}
Occupation,
Birth Place, State or country, and how long in the United States, of or foreign birth.
Duration of Residence in the City of Baltimore, 44 . Age
Place of Death, {Give Street and} 1155 dullow Ave
Cause of Death, First (Primary), Clean age Second (Immediate),
Duration of Last Sickness, about 5 ffice. All the above information should be furnished by the Physician.
Place of Burial, Joudon Park Ceul
Date of Burial, May 4 1887) 16 2
Undertaker, Medical Attendant.
Place of Business, 22 (Festien St Address 212 Machlin 21
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificaco.

the Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this co-
Health Department, City of Baltimore. ermit 16. 99583 office of Registrar of Vital Statistics. Ward 82
ermit No. 99583 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illuess, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within two typical hours after the death of said deceased, or sooner, equested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 1 8%
Full Name of Deceased, write legibly and spell correctly. If an Infant not named, give names of part of the property o
Ver, Male or Female, {Cross out the word not }
1ge, Months, Day
Color, White
Married, Single, Widow-or-Widower, {Cross out the words not }
Occupation, home we de
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, The
Place of Death, (Give Street and) 1440 Harford Son
Cause of Death, Second (Immediate), Second (Immediate), Second (Immediate),
Ouration of Last Sickness, / www.
Place of Burial, Haltim or Com.
Date of Burial, May 4 4 1887
Undertaker, A. Fink Son Medical Attendant.
Place of Business 915 N Gan St Address 153 5 Solomi or

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully In	nvited to the Remarks below	w, and to List of Diseases	s on back of the
Bealth Depart		Carlotte and the Control of the Cont	
Permit No. 122 4 Office of A	Registrar of Vi	and Statistics	W 4
The Physician who attended any person in a last to the Undertaker or other person superintending the requested so to do, under penalty of law. No PERMIT FOR BURIAL CA	billness, is responsible for the burial, within twenty four	ho presentation of this Chours after the death of	certificate, accurately filled said deceased, or sooner
CERTIFIC	ATE OF	DEATI	H. (1)
Date of Death,	Vay 2" 8	7	
Full Name of Deceased, Surite legibly and specific not named, give name of parents.	all Infantof	Mary and Georg	on W. Stuart
Sex, Male or Female, {Cross out the word not required in this line.}) 1 00	Fernale 1	
	my	Months. 4	ours D
Color,	Whe		Dig
Married, Single, Widow or Widower, {Cr			
Occupation,			
Birth Place, State or country, and how long in the United States, if of foreign birth.	B	ales bity	V
Duration of Residence in the City of	Baltimore,	Life	
Place of Death (Give Street and)	///9	1 & Fratt	SK.
Cause of Death, $\begin{cases} \text{First (Primary)}, \\ \text{Second (Immediate)}, \end{cases}$	Dreame	tire Be	ilh
Duration of Last Sickness, All the above information should be furnished by the Physic.	Samo	e broth	
Place of Burial, C. Fublic beine	보통 등에 되고 있다면 하면 하면 하면 하면 하는데 하는데 하는데 하는데 하면 하는데		
Date of Burial, May 3 "8)) 9 -	01.	-
Undertaker, Leo Kinchant	Jan	us the	
Place of Business, Ceally Dep	Address. 7	brugh	Attendance.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enact, and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The openin reconcion of Thistorians is recop		muras volver, mad ou r	iso or Disonson on Mach of	Units Outering
Permit No. 99585 office	partment,	City of	Baltimore	. ,41
Permit No. 99585 Office	e of Registra	of Wited Sta	atistics. Ward	13
The Physician who attended any person	n in a last filness, is resp	ensible for the present	ation of this Certificate.	courately filled out
	URIAL CAN BE OBTAIN	ED WITHOUT A PROPE	R CERTIFICATE.	sed, or sooner, il
CERTI	FICATE			
Date of Death,	Ma	1 2 /	1887	
Full Name of Deceased, { Write leg correctly. not name of parents.	.)	vae C	887 Reina	eh
Sex, Male or Februale, { cross out the required in the	is line.			
Age, To Yea	ars,		,	Days.
Color,	phi	te		/
Married, Single, Widow or Wid			1/	
Occupation,	Jai	lir		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	G	erma	my	
Duration of Residence in the C	Tity of Baltimore,	25	1 Eurs	
Place of Death, {Give Street and }	752	Serm	and de	1
Cause of Death, $\left\{egin{array}{l} ext{First (Primary),} \ ext{Second (Immediates)} \end{array} ight.$	Sara ie),	lysiso	The HE	ish
Duration of Last Sickness,	Sudden by the Physician.	death.	- but pr	Ecchi
Place of Burial, Log De Co	relace C	primo	notory dys	uplines
Date of Burial, Hay 3.	16	1. 1-4	1:1.	~
J Undertaker, J. Fone	heim to	ms 1	Medical Attends	M. D.
Place of Business, 120.1	Gran Pr Ad	dress, 707	. M. Inn	band
Extract from Regulations of the Board	of Health to secure a	full and correct r	ecord of the Vital St	atistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Foard of Kealth, City of Fa	
Permit No. 99586 Office of Registrar of Vital Stati	istics. Ward
The Physician who attended any person in a last illness, is responsible for the present	tation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty four ho sooner, if requested so to do, under penalty of law.	
No Permit for Burial can be Obtained without a Propi	ER CERTIFICATE.
CERTIFICATE OF DEA	TH.
Date of Death, april 30, 1887	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	ay
Sex, Male & Fendle, {Cross out the word not } required in this line. }	-
Age, Smuty Thru Years, Months	,Days,
Color, Plack	
Married, Stagle, Willow de Willower, {Cross out the word not }	
Occupation, Carried	V
Birthplace, {State or country, and how long in the United States, if of foreign birth.	V
Duration of Residence in the City of Baltimore, D'orrlene	days
Place of Death, {Give Street and } manyland Gintle	uliony
(First, (Primary,) Syphoid Feuer	
Cause of Death, Second, (Immediate,)	
2 1 1 (Eg. 11 1	admeter to Pentuliar
All the above information should be furnished by the Physician. Africe 16 47	$\overline{\chi}_{b}$
Place of Burial, & Puls Cervety	////
Date of Burial, There 3 1887 1.1h.	Dockrill ND
	Medical Attendant.
Undertaker, He Machine Address, 23.	S. 13 wadwas
Place of Business / tallhoffe Address,	

Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forthers far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased

and the cause and date of death, except in cases of births and deaths of illegitimate children.

Extract from Regulations of the Board of Health to secure a full and correct record of

| Place of Business,

The Special Attention of Physicians is Respectfu	illy Invited to the R	emarks below, and to	List of Diseases on Back of	this Cerum
Bealth Dep	artment,	City of	Baltimore	. ~ 4
Permit No. 99587 Office of	f Registra	of Vital S.	tatistics. Ward	9
The hydician who attended any person in a to the Undertaker or other person superintending	a last illness, is respong the burial, within	onsible for the present	ation of this Certificate, according the death of said deceased	rately filled out, i, or sooner, if
requested so to do, under penalty of law. No Permit for Buri				D
CERTIF	ICATE	MOF D	EATH.	
Date of Death, May	in_	*	4	1. 17
Full Name of Deceased, Write legibly a correctly. If a not named, give parents.	and spell m Intant e names	mael	H. Mus	ny
Sex, Male or Female, {Cross out the word no required in this line.	\mathcal{P}	tale	min	ray!
Age, HZ Years,		Month	8,	Days
Color,				/
Married, Single, Widow or Widow	er, {Cross out the wor	ds not Ma	mied 1	/
Occupation, ZI	ing	Stabl	a Keen	leu
Birth Place, {State or country, and how long in the United States, if of foreign birth.	10	faltin	we Me	do
Duration of Residence in the City	of Baltimore,	Life	lime	
Place of Death, {Give Street and Number.}	150	Savo	aloga	St,
Cause of Death, Second (Immediate),	Con	Sum	plion	
Duration of Last Sickness,	the Physician	row	wi	
Place of Burial, New 60	ethedral	2		
Date of Burial, Wed Mar	14 1887	Some s	Bran	. W.D
(Undertaker, Sos Ji	Burne	Cex 1	Medical Attendan	nt. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certin	Clates
Bealth Department, City of Baltimore.	,_
Permit No. 99588 Office of Registrar of Wildt Statistics. Ward 12	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.	d out, er, if
CERTIFICATE OF DEATH.	
Date of Death, May 3. 1887 -	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Mary	
Sex, Male or Female, {Cross out the word not }	
7	ays.
Color, While	-
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Johnson	
Place of Death, {Give Street and } It Vucceuls dufout . Chylin -	
Cause of Death, { First (Primary), Longestion of Jungs. Second (Immediate), Softhyxia.	
Duration of Last Sickness, 2 or 3 Hours All the above information should be furnished by the Physician.	
Place of Burial, hew le att Semeles	
Date of Burial, May 3. 1887 1 7 J. Floreners	
{ Undertaker, John Masterson Address, 170/Dr. Hill Olive	D.
Place of Business, Division # Address, 170/ Or. Hill Cluz	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, and to	List of Diseases on back o	of this Certificate.
Health	Department,			e
Permit No. 99389	Office of Registra	r of vital St	atistics. Ward	1/2
The Physician who attended a to the Undertaker or other person s requested so to do, under penalty of No Permi	any person in a last idness, is resist superintending the burial, within law. To FOR BURIAL CAN BE OBTAIN	******	1	accurately filled out, ased, or sooner, if
CER	TIFICATE	OF D	EATH.	
Date of Death,	May 2	d, P	7.01	
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	hu a	bright	/
Sex, Male or Female, {Cross required	s out the word not aired in this line.			/
Age, 45	Years,	Month	$s, \leq 1$	Days.
Color,	Colos	ud	V	
Married, Single, Wilow o	r Wilconer, Cross out the wor	ds not }		
Occupation,	Co	acheu	aw	
Occupation, Birth Place, {State or country, an long in the United if of foreign birth.	states, Carul	ridge,	ned.	
Duration of Residence in	the City of Battemore	7 / 0	- 21	
Place of Death, Give Street at Number.		folis	Cooling (CI.
Cause of Death First (Pr.	imary), Phthisi	^		
Second (Immediate), Halu	conhac	je ,	
Duration of Last Sicknes		6 mi	outles	1
Place of Burial, Your	rel Cometer	0	. 0	
Date of Burial,	ay 3 198)	eldrido	o Colore	OND
(Undertaker, I'M	Tools -	-	Medical Atten	dant.
Place of Business,	10 Garolin De	free 26	2 madis	lan aux
Extract from Regulations of the	e Board of Health to secure	a full and correct	record of the Vital S	Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Ceroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, City of Baltimore.
Permit No. 99590 Office of Registrar of What Statistics. Ward & Y
The Physician who attended any person in a last illness titresponsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the bodyl, within the last hours are the death of said deceased, or sooner, if
No Permit for Burial Can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 2-1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line. }
Age, 23 Years, 6 Months, 14 Days.
Color,
Married, Single, Willow or Willower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, {Give Street and } 406 A. Bout
Cause of Death, { First (Primary), Valoular Disease of Kearh Second (Immediate),
Duration of Last Sickness, Could / JECA
Place of Burial, Ball imant be m.
Date of Burial, Allay 4 1889
(Undertaker, John Henrieg. M. D. Medical Attendant.
Place of Business, 2008 Colleansdards 1552 1 & Fay ette 52
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ceres

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department, City of Baltimore. Permit No. 99591 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible that the Description of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Ostalian without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 2nd 1887.
Full Name of Deceased, {Write legibly and spell not named, give names of part of the formatter of the format
Sex, Male or Female, {Cross out the word not }
Age, 12 hrs. Yeurs, Months, Days
Color, Colored.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Turing Liketime
Place of Death, {Give Street and} De 1453 Vincent alley.
Cause of Death, { First (Primary), Winknown. Second (Immediate),
Duration of Last Sickness, During Life. All the above information should be furnished by the Physician.
Place of Burial, Thrampet Cernetey
Date of Burial, heary 3, 1887
(Undertaker, alex Hemsly M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 561 one hand 21

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.